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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/811,675	03/19/2001	Ryoichi Imanaka	8861-402US (P24583-01)	9394

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PHILADELPHIA, PA 19103

EXAMINER	
LE, MIRANDA	

ART UNIT	PAPER NUMBER
2167	

DATE MAILED: 05/19/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	09/811,675	IMANAKA ET AL.	
	Examiner	Art Unit	
	Miranda Le	2167	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *14 February 2005*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *27-32* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *27-32* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other: _____.

DETAILED ACTION

1. This communication is responsive to Amendment , filed 03/14/2005.

2. Claims 27-32 are pending in this application. Claims 1, 29, 31 are independent claims. In the Amendment, claims 1-26 have been cancelled, claims 27-32 have been added. This action is made Final.

3. The objection to the specification (Abstract) of the invention has been withdrawn in view of the amendment.

Claim Objections

4. Claims 28 is objected to because of the following informalities: "The management method according to **claim 1**" should have changed to: "The management method according to **claim 27**". Appropriate correction is required.

Claim Rejections - 35 USC § 103

5. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicant is advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not

commonly owned at the time a later invention was made in order for the examiner to consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

6. Claims 27-32 are rejected under 35 U.S.C. 103(a) as being unpatentable over Teshima et al. (US Patent No 6,272,470 B1), as applied to claims above, in view of Omori et al. (US Patent No. 6,609,135 B1).

As per claim 27, Teshima teaches an image data or electronic clinical chart (i.e. electronic clinical recording system in abstract) management method by a storage company that comprises a server (server 2 in Fig. 1) connected to a terminal (i.e. examination room in Fig. 1) of a medical institution (i.e. hospital A in Fig. 1) via the Internet (i.e. LAN 4 in Fig. 4), and is entrusted by said medical institution with a management of an image data (i.e. image server 3 in Fig.1) generated by a diagnostic instrument (i.e. diagnostic X-ray system in Fig. 1) of said medical institution, said management method comprising the step of:

recording said image data (i.e. a file containing medical images may be copied to a patient card, at col. 4, lines 62-63) or electronic clinical chart onto a recording medium (i.e. medical information is recorded in a patient card at the medical institution, col. 3, line 33-34) by the terminal (i.e. examination room or consultation room in Fig. 1) of said medical institution (i.e. hospital A in Fig. 1, col. 3, lines 26-52; col. 4, line 56 to col. 5, line 6).

Teshima does not expressly teach the following limitations. However, Omori teaches the step of:

receiving said of recording medium from said medical institution, and storing said recording medium in a warehouse MO medium unit 8 in Fig. 1) of said storage company (col. 6, line18-48);

storing in a storage device of said storage company a customer identifier (ID) (i.e. recorded location belongs to image management table in Fig. 5) for identifying said medical institution and a deposit ID (i.e. storage medium ID belongs to image management table in Fig. 5) for identifying said recording medium, by associating said IDs with said recording medium (col. 7, lines 31-52);

assigning said customer and deposit IDs to said medical institution (col. 6, lines 18-48);

receiving a retrieval request of said image data or electronic clinical chart from the of the terminal of said medial institution (desired information and image data (col. 7, lines 45-46), said retrieval request containing therein said customer and deposit IDs (col. 7, line 31-54);

comparing said customer ID contained in said retrieval request with said customer ID stored in said storage device, and rejecting said retrieval request if said two customer ID are not substantially the same (col. 7, line 31-54);

searching said warehouse for said recording medium (i.e. the storage medium needs to be inserted) based on said deposit ID contained in said retrieval request (col. 15 lines 5-12, Fig. 24, col. 16, lines 41-65);

reproducing said image data or electronic clinical chart from said recording medium retrieval (step S32 in Fig. 8, load image data from MO medium on hard disk, col. 16, line 66 to col. 17, line 14);

sending said image data (step S33 in Fig. 28, send image data) or electronic clinical chart reproduced to the terminal of said medical institution (col. 16, line 66 to col. 17, line 1. But Omori does not teach the step of sending data via the Internet. Teshima teaches this limitation in Fig. 1

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the cited references because Omori's teachings of all the steps addressed above would enable users to quickly specify an image when making a search on the basis of a piece of information such as patient data or examination data (Omori, col. 2, lines 59-65) that would allow users of Teshima's system to materialize a wide-area hospital information system using a network such as the Internet as a medium (Teshima, col. 3, lines 4-5).

As per claim 28, Omori teaches a DVD (i.e. digital video disk (col. 6, line 34) is used as said recording medium (col. 6, lines 18-48);

Teshima teaches when recording said image or electronic clinical chart on the DVD, encrypting said image data or electronic clinical chart by using the unique ID of the DVD (col. 8, lines 28-49);

when reproducing said image or electronic clinical chart from the DVD, decrypting said image data or electronic clinical chart by using the unique ID of the DVD (col. 8, lines 28-49).

As per claim 29, Teshima teaches an image data management method (i.e. electronic clinical recording system in abstract) management method by a storage

company that comprises a server (server 2 in Fig. 1) connected to a terminal (i.e. examination room in Fig. 1) of a medical institution (i.e. hospital A in Fig. 1) and an analyzing person via the Internet (i.e. LAN 4 in Fig. 4), and is entrusted by said medical institution with a management of an image data (i.e. image server 3 in Fig.1) generated by a diagnostic instrument (i.e. diagnostic X-ray system in Fig. 1) of said medical institution.

Teshima does not explicitly teach the following limitations. However, Omori teaches the step of:

receiving said image data from said medical institution, and storing said image data (image management table 15 in fig. 1) in an electronic warehouse of said storage company (database 11 in Fig. 1, col. 7, lines 31-52);

storing in a storage device of said storage company a customer identifier (ID) for identifying said medical institution (i.e. recorded location belongs to image management table in Fig. 5) and a deposit ID for identifying said image data (i.e. Film No., col. 7, line 29), by associating said IDs and the data identifying said individual patient (i.e. patient data table and examination table in Fig. 2 and Fig. 3) with said image data (col. 7, lines 11-29);

assigning said customer and deposit IDs to said medical institution (col. 6, lines 18-48);

receiving an analysis request of said image data from the of the terminal of said medial institution (desired information and image data, col. 7, lines 45-46), said analysis request containing therein said customer and deposit IDs (col. 7, line 31-54, col. 8, lines 1-14);

comparing said customer ID contained in said analysis request with said customer ID stored in said storage device, and rejecting said analysis request if said two customer ID are not substantially the same (col. 7, line 31-54);

searching said electronic warehouse for said image data (searching for an displaying image, col. 16, line 41) based on said deposit ID contained in said analysis request (Fig. 28, col. 16, lines 41-65);

eliminating data identifying said individual patient (i.e. patient data table and examination table in Fig. 2 and Fig. 3) from said image data retrieved, and attaching said deposit ID (i.e. Film No., col. 7, line 29) to said image data retrieved (col. 7, lines 3-30);

sending said image data (step S33 in Fig. 28, send image data) to which said deposit ID is attached to the terminal of said analyzing person (i.e. Examining doctor, col. 7, lines 26-27); Teshima teaches sending data through Internet system (Fig. 1).

Omori teaches receiving from said analyzing person a result of analysis of said image data sent to the terminal of said analyzing person, and storing said result of analysis (i.e. examination data table in Fig. 3) in said electronic warehouse (col. 10, line 17-29);

storing in said storage device said customer ID, said deposit ID, and the data identifying said individual patient, by associating said IDs and data with said result of analysis; (i.e. examination data table in Fig. 3, col. 7, line11-29);

receiving a retrieval request of said image data or said result of analysis from the terminal of said medial institution (desired information and image data, col. 7, lines 45-46), said retrieval request containing therein said customer and deposit IDs, col. 7, line 31-54);

comparing said customer ID contained in said retrieval request with said customer ID stored in said storage device, and rejecting said retrieval request if said two customer ID are not substantially the same, col. 7, line 31-54; at col. 7, line 31-54);

searching said warehouse for said image data or said result of analysis, based on said deposit ID contained in said retrieval request (col. 15 lines 5-12, col. 7, line 31-54);

sending said image data (step S33 in Fig. 28, send image data) or said result of analysis to the terminal of said medical institution (col. 16, line 66 to col. 17, line 14); and Teshima teaches sending data via the Internet (Fig. 1).

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the cited references because Omori's teachings of all the steps addressed above would enable users to quickly specify an image when making a search on the basis of a piece of information such as patient data or examination data (Omori, col. 2, lines 59-65) that would allow users of Teshima's system to materialize a wide-area hospital information system using a network such as the Internet as a medium (Teshima, col. 3, lines 4-5).

As per claim 30, Omori teaches presenting a list of plurality of said analyzing person to the terminal of said medical institution (i.e. list of examination data, col. 18, lines 53-65, col. 7, lines 11-31);

making said medical institution select at least one analyzing person from among said plurality of analyzing person (col. 18, lines 53-65, col. 7, lines 11-31);

wherein said image data to which said deposit ID is attached is sent (step S33 in Fig. 28, send image data) to the terminal of said selected analyzing person (i.e. Examining doctor, col. 7, lines 26-27).

As per claim 31, Teshima teaches an image data (i.e. electronic clinical recording system in abstract) management method by a storage company that comprises a server (server 2 in Fig. 1) connected to a terminal (i.e. examination room in Fig. 1) of a medical institution (i.e. hospital A in Fig. 1), a patient of said medical institution, and an analyzing person via the Internet (i.e. LAN 4 in Fig. 4), and is entrusted by said medical institution with a management of an image data (i.e. image server 3 in Fig.1) generated by a diagnostic instrument (i.e. diagnostic X-ray system in Fig. 1) of said medical institution. Teshima does not specifically teach the following limitations. However, Omori teaches the step of:

receiving said image data from said medical institution, and storing said image data (image management table 15 in fig. 1) in an electronic warehouse of said storage (database 11 in Fig. 1) company (col. 7, lines 31-52 and Fig. 1);

storing in a storage device of said storage company a deposit ID for identifying said image data (i.e. Film No., col. 7, line 29), and data identifying said individual patient including a patient ID (i.e. patient ID in Fig. 5) for identifying said patient, by associating said deposit ID and the data identifying said individual patient with said image (col. 7, lines 11-29);

assigning said deposit and patient IDs to said medical institution (col. 6, lines 18-48);

receiving an analysis request of said image data from the terminal of said patient (desired information and image data, col. 7, lines 45-46), said analysis request containing therein said patient and deposit IDs (col. 7, line 31-54, col. 8, lines 1-14);

comparing said patient ID contained in said analysis request with said patient ID stored in said storage device, and rejecting said analysis request if said two patient ID are not substantially the same (col. 7, line 31-54);

searching said electronic warehouse for said image data (searching for an displaying image at col. 16, line 41) based on said deposit ID contained in said analysis request (Fig. 28, col. 16, lines 41-65);

eliminating data identifying said individual patient (i.e. patient data table and examination table in Fig. 2 and Fig. 3) from said image data retrieved, and attaching said deposit ID (i.e. Film No., col. 7, line 29) to said image data retrieved (col. 7, lines 3-30);

sending said image data (step S33 in Fig. 28, send image data) to which said deposit ID is attached to terminal of said analyzing person (i.e. Examining doctor at col. 7, lines 26-27); Teshima teaches sending said image data via the Internet (Fig. 1).

Omori teaches receiving from said analyzing person a result of analysis of said image data sent to the terminal of said analyzing person, and storing said result of analysis (i.e. examination data table in Fig. 3) in said electronic warehouse (col. 10, line 17-29);

storing in said storage device said deposit ID and the data identifying said individual patient, by associating said ID and data with said result of analysis (i.e. examination data table in Fig. 3, col. 7, line 11-29);

receiving a retrieval request of said image data or said result of analysis from the of the terminal of said medial institution (desired information and image data, col. 7, lines 45-46), said retrieval request containing therein said deposit and patient IDs (col. 7, line 31-54);

comparing said patient ID contained in said retrieval request with said patient ID stored in said storage device, and rejecting said retrieval request if said two patient ID are not substantially the same (col. 7, line 31-54, col. 7, line 31-54);

searching said warehouse for said image data or said result of analysis, based on said deposit ID contained in said retrieval request (col. 15 lines 5-12, col. 7, line 31-54);

sending said result of analysis (step S33 in Fig. 28, send image data) to the terminal of said patient (col. 16, line 66 to col. 17, line 14); Teshima teaches sending data via the Internet system (Fig. 1).

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the cited references because Omori's teachings of all the steps addressed above would enable users to quickly specify an image when making a search on the basis of a piece of information such as patient data or examination data (Omori, col. 2, lines 59-65) that would allow users of Teshima's system to materialize a wide-area hospital information system using a network such as the Internet as a medium (Teshima, col. 3, lines 4-5).

As per claim 32, Omori teaches presenting a list of plurality of said analyzing person to the terminal of said patient (i.e. list of examination data, col. 18, lines 53-65, col. 7, lines 11-31);

making said patient select at least one analyzing person from among said plurality of analyzing persons (col. 18, lines 53-65, col. 7, lines 11-31);

wherein said image data to which said deposit ID is attached (i.e. information at col. 8, line 32) is sent to the terminal (step S33 in Fig. 28, send image data) of said selected analyzing person (i.e. Examining doctor, col. 7, lines 26-27).

Response to Arguments

7. Applicant's arguments regarding Cooke, Tanaka, and Serbinis references do not make new claims 27-32 obvious have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

8. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL.** See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the

advisory action. In no event, however, will the statutory period for reply expire later than

SIX MONTHS from the date of this final action.

9. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Miranda Le whose telephone number is (571) 272-4112. The examiner can normally be reached on Monday through Friday from 8:30 AM to 5:00 PM.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, John E. Breene, can be reached on (571) 272-4107. The fax number to this Art Unit is (703) 872-9306.

Any inquiry of a general nature or relating to the status of this application should be directed to the Group receptionist whose telephone number is (703) 305-3900.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Miranda Le
May 12, 20045

GRETA ROBINSON
PRIMARY EXAMINER